Wiltshire Council

Cabinet

17 September 2019

Subject:	**Sexual Health and Contraceptive Service**
Cabinet Member:	**Cllr Laura Mayes – Cabinet Member for Adult Social Care, Public Health and Public Protection.**
Key Decision:	**Key**

Executive Summary

Wiltshire Council is the statutory commissioner of a comprehensive integrated sexual health service including contraception services and sexually transmitted infections (STI) testing and treatment.

An integrated community-based specialist sexual health and contraceptive service model aims to improve sexual health by providing easy access to high quality services through open access clinics, where sexual health and contraceptive needs can be met in services with extended opening hours and accessible locations.

The Service provides a range of interventions via clinics and outreach provision to meet the needs of specific sections of the community based on the Wiltshire JSNA and information held by the Public Health team within Wiltshire Council. As part of the contract, the incumbent provider evidences that pathways of care within the sexual health economy were formally agreed and are followed. The existing agreement has been in place since 1st October 2014. A tender opportunity was published in three separate lots, there was very little interest and only one credible proposal which resulted in one award of all Lots to Salisbury NHS Foundation Trust.

The current contract for the existing service expires on 31 March 2020 and there is now the requirement to commission future service provision as of 01 April 2020.

Proposal(s)

That Cabinet:

a) Recognise the requirement to commission an integrated sexual health and contraceptive service for Wiltshire residents.

b) Issue a Prior Information Notification to test the market to see whether there is interest in the service or capability of providers in the market to deliver the service. And if there is no interested providers or providers with the capability, give officers approval to negotiate the contract with the incumbent provider.

c) Agree to delegate responsibility to tender, commission, negotiate and award the contract (as appropriate) to the Director of Public Health and in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection.

Reason for Proposal(s)

The commissioning of sexual health and contraceptive health services is a prescribed (statutory) public health function and is funded via the public health grant which is under the responsibility of the Director of Public Health. Delegating responsibility for contract award reduces award delay and negates the potential for gap in service delivery.

Tracy Daszkiewicz
Director of Public Health

Wiltshire Council

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Cabinet Member:	**Cllr Laura Mayes – Cabinet Member for Adult Social Care, Public Health and Public Protection.**
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Purpose of Report

1. Recognise the requirement to commission an integrated sexual health and contraceptive service for Wiltshire residents and agree to delegate responsibility for awarding the contract to the new service provider/s to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection.

Relevance to the Council's Business Plan

2. The effective commissioning of local sexual health and contraceptive services contributes to the following Wiltshire Council business plan outcomes: Strong Communities (personal wellbeing through a healthier population), protecting the vulnerable (early intervention through prevention activities) and protection the vulnerable (joined up health and care through greater partnership working).

Background

3. The Health and Social Care Act 2012 brought about a significant change in the commissioning landscape across England. The impact of this transition saw the responsibility for the commissioning of sexual health and contraceptive service move from a single commissioning body to three separate organisations. Locally these organisations are Wiltshire Council; NHS Wiltshire Clinical Commissioning Group (CCG) and NHS England. Table 1 below highlights the commissioning responsibilities of each organisation.

Table 1: Commissioning responsibilities by organisation

Wiltshire Council commissions:	• Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception • Sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing • Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

NHS Wiltshire CCG commissions:	• Most abortion services • Sterilisation • Vasectomy • Non-sexual-health elements of psychosexual health services • Gynecology including any use of contraception for non-contraceptive purposes
NHS England commissions:	• Contraception provided as an additional service under the GP contract • HIV treatment and care • Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs • Sexual health elements of prison health services • Sexual assault referral centres • Cervical screening • Specialist fetal medicine services

4. Tackling sexual and reproductive health inequality has been a priority both nationally and locally in Wiltshire for many years. Improving sexual health and wellbeing presents a significant challenge for public health and the wider health and social care system, as well as for the individuals who experience poor health outcomes as a result of a sexually transmitted infection (STIs), blood borne viruses (BBVs) or an unplanned pregnancy.

5. There is considerable inequality in the distribution of STIs, BBVs and unplanned pregnancies across the population. Although Wiltshire has lower levels of STIs compared to the South West and England averages, infection rates are continuing to increase. Data also shows that women are accessing effective contraceptive methods to reduce the risk of unintended pregnancy at a local level, although termination of pregnancy rates are still of concern.

6. The consequences of sexual ill-health, infection with a blood borne virus, or unintended pregnancy are well documented. STIs can lead to both physical and emotional difficulties and in some cases, fertility issues if not diagnosed and treated early enough. Certain BBVs remain incurable and can lead to a dramatic reduction in life expectancy. HIV although treatable remains a condition which cannot be completely cured, leading to long term medical implications for anyone infected with the virus, especially if they are diagnosed after the virus has begun to damage their immune system. It is estimated that the lifetime treatment costs funded by the NHS for a single person diagnosed with HIV is c.£380,000 but cost doubles for someone who is diagnosed 'late'.

7. Unintended pregnancy is an issue across the life course for women who are not accessing effective contraception services and can impact on their lives for a very long time. It is estimated that in 2016 there were 302 unintended conceptions in Wiltshire which led to a live birth, which will lead to a public-sector cost of £938,992 per annum.

8. In 2018 the *Wiltshire sexual health and blood borne virus strategy* was adopted by the Health and Wellbeing Board. The strategy has the vision that Wiltshire will be a place where individuals and communities are informed, enabled, motivated and empowered to be able to protect themselves and others from acquiring an STI or BBV. Individuals should be able to make informed choices when considering contraception and have easier access to them. We want to ensure that everyone

can have safe sexual experiences, free of coercion, discrimination and violence by ensuring sexual rights are protected, respected and fulfilled.

9. The strategy had three priorities: (a) Prevention - to protect individuals from BBV or STI infections and enabled to access all forms of contraception through the provision of information and services. This will also increase the awareness of individuals' sexual rights and reduce sexual violence in all its forms; (b) Diagnosis - to ensure individuals will be able to access testing services when needed in a range of venues, using a range of different testing systems, including the review and implementation of new and emerging testing systems and (c) Treatment - to ensure individuals will be able to access appropriate treatment services as early as possible in locations which are most appropriate to them. The delivery of good quality sexual health and contraceptive services is fundamental to contributing to the council business plan and also have a major role to play in the delivery of Wiltshire Sexual Health strategy.

10. The data below demonstrates that we have seen some positive outcomes across the life of the strategy. However, the changes in outcome data demonstrate that there is still more work to do in regard to reducing requirement for termination of pregnancy (by prevention of unintended pregnancies), reducing rates of sexual offences, increasing service providers (particularly primary care services). We also see that the numbers of those infected with a BBV has increased in both Hepatitis B and C. There is also further work to be done to reduce overall HIV late diagnosis rates. Table 2 below highlights outcome shifts between 2016 and 2018.

Table 2 – Comparison of sexual health outcomes 2016-2019.

	Pre-strategy (2016)	**Current Data (2018)**
New STI diagnoses	2334 (1131 male, 1203 female)	2309 (1121 male, 1178 female)
Under 18 Conception per 1,000 women	14.0 (2015)	9.5 (2017)
Under 16s Conceptions: Conceptions in those aged under 16	3.0 (2015)	1.2 (2017)
Chlamydia detection rate (15-24-year olds) per 100,000	1628 (2015)	1683 (2017)
HIV late diagnosis	43.9% (2013-15)	48.6% (2015-17)
Those diagnosed with Hep B	26 (2016)	32 (2017)
Those diagnosed with Hep C	44 (2016)	48 (2017)
Pharmacies commissioned to deliver sexual health services	22 (2016)	17 (2019)
People receiving care for HIV	239	259
Cases of Female Genital Mutilation	4 (2017)	5 (2018)
Rate of sexual offences	1.4 per 1000 (2017-18)	2.0 per 1000 (2018-19)
Termination of pregnancy (actual)	1060	1115 (2018)

11. Over all clinic attendance in 2016 by gender, was 54% male and 46% female. In 2018 males decreased by 2% and females increased by 2%. The majority of service users by age were aged between 20-34 years old in both 2016 and 2018. A minor increase in those aged 35+ is noted.

Table 3 - Clinic attendances (%) by age 2016-2018

Age / Year	**2016**	**2018**
<15 years	0.2	0
15	0.3	0.08
16-19	13	14
20-24	31.7	33.2
25-34	34.4	30.3
35-44	9.5	11.6
45-64	8.8	9.9
65+	0.9	0.6

12. Chlamydia infection was the most prevalent infection in both 2016 and 2018, gonorrhoea infection remains low in comparison but has increased since 2016, along with herpes and syphilis. Genital wart diagnosis has decreased since 2016.

Table 4 - Disease diagnosis (%) 2016-2018

Disease / Year	**2016**	**2018**
Chlamydia	41.8%	41.9%
Gonorrhoea	5.8%	9.0%
Herpes	13.7%	14.9%
Syphilis	0.7%	1.5%
Genital Warts	37.8%	32.4%

13. Chlamydia infection was the most prevalent infection in both 2016 and 2018 for males and females, although infections have decreased in males and increased in females since 2016. Gonorrhoea infection remains low in comparison but has increased in both males and females since 2016. Herpes infection has seen a decrease in males but an increase in females. Syphilis has increased in both males and females. Genital wart diagnosis has decreased in both genders since 2016.

Table 5 - Disease diagnosis (%) by gender 2016-2018

	Males		**Females**	
	2016	**2018**	**2016**	**2018**
Chlamydia	40%	38.4%	43%	45.7%
Gonorrhoea	8.6%	12.8%	2.4%	4.9%
Herpes	9.3%	8.8%	18.8%	21.3%
Syphilis	1.3%	2.8%	0%	0.1%
Genital Warts	40.3%	37%	34.9%	27.8%

14. Sexual and reproductive health care services are highly specialised clinical services requiring specific standards of professional eligibility and competence. Services must be compliant with the standards of clinical practice as set out in the guidance published by Department of Health; National Institute for Health and Clinical Excellence (NICE); British Association for Sexual Health and HIV (BASHH); Medical Foundation for HIV and Sexual Health (MEDFASH); Faculty of

Sexual and Reproductive Healthcare (FSRH); British HIV Association (BHIVA) and the National Chlamydia Screening Programme (NCSP).

15. Services must be delivered from facilities (premises) that are compliant with strict Care Quality Commission (CQC) guidelines (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15). It is essential that they also have access to ancillary allied healthcare professional services such as pathology and radiography services.

Current Service Provision

16. The current service is commissioned to provide Genito-Urinary Medicine (GUM) services including the screening, diagnostic testing and treatment for STIs based at Salisbury Hospital. They are also commissioned to provide contraceptive and sexual health (CASH) services from a range of sites across the county – including Calne, Chippenham, Devizes, Melksham, Ludgershall, Salisbury, Tidworth, Trowbridge and Warminster. The provider is also responsible for delivering a home-testing programme for STIs.

17. Between June 2018 and May 2019 our current service provider (Salisbury Foundation Trust) provided 6214 sexual heath related services appointments, with an average of around 500 appointment per month and a 'did not attend (DNA) rate of 10.3%. The majority of services users were aged between 15 and 35 years old; 49% of service users were male and 87% of service users were classified as 'White British.' Service access within 48 hours across the time period ranged between 76-85%. See appendix 2 for further service outcome data.

18. Between June 2018 and May 2019, the service provider also provided an additional 4497 appointments for contraceptive services across the county, with a DNA rate of 8.9%. As expected, being a contraceptive service, 95% of clients were female; of which 89% were white British. See appendix 3 for further service outcome data.

Main Considerations for the Council

19. Wiltshire Council commissions a comprehensive range of sexual health and reproductive health services including most contraceptive services and sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing. The current contract for the existing integrated service expires on 31 March 2020.

20. The council is required to commission a service to deliver a sexual health and contraception service for Wiltshire residents. This service will provide the following:

    a) Genito-urinary medicine (GUM) services (screening, diagnostic testing and treatment for STIs), the provider should have access to laboratory services and medical /pharmacy services including medicine supply, provision and administration as appropriate.

    b) The ability to deliver contraceptive and sexual health (CASH) services across Wiltshire in key locations as agreed with the commissioner through a 'hub and spoke' model to provide population level services with targeted services based in: Calne, Chippenham, Devizes, Melksham, Ludgershall, Salisbury, Tidworth, Trowbridge and Warminster. This service will provide access to a range of contraceptive

methods (including long-acting reversable contraception and emergency contraception) and access to testing and treatment for sexually transmitted infections.

c) The services will coordinate and delivery a comprehensive home-testing service for STIs (including Chlamydia, Gonorrhoea, Syphilis and HIV), providing patient contact tracing, advice and treatment options as required.

d) Provision of long acting reversable contraception (LARC) training to maintain the levels of trained primary care clinicians following the *improving access to contraception programme.*

e) Coordinating and supporting the delivery of sexual health care across a locality through expert clinical advice, clinical governance and clinical networks. This should include providing specialist expert advice to other service providers and organisations; training of nursing, pharmaceutical and medical sexual health experts; providing updates for local general practice staff; delivering multidisciplinary postgraduate training, including to primary and secondary care; and may include delivering undergraduate training and postgraduate training including placements for medical and nursing students and training and education for specialty medical trainees which should be in line with the latest General Medical Council (GMC) curriculum

f) Multidisciplinary workforce of consultants, doctors, nurses, health care assistants, and administration staff who works in partnership with other service providers to enable a seamless patient journey across a range of sexual health and other services such as antenatal, HIV service, general practice, local pharmacy services.

g) Safeguarding procedures are in place with a named safeguarding lead.

h) The service is required to submit data Genito-urinary Medicine Clinic Activity Dataset (GUMCADv2), Sexual and Reproductive Health Activity Dataset (SRHAD), Chlamydia Testing Activity Dataset (CTAD). The service will provide comprehensive performance data and will regularly meet with commissioners.

Overview and Scrutiny Engagement

21. The Chair and Vice-Chair of the Health Select Committee were informed that this report would be presented to Cabinet. The Committee will be informed of the Cabinet decision and the agreed provider(s).

Safeguarding Implications

22. There is no safeguarding implication from this proposal however the safeguarding of vulnerable people may be impacted upon should there be a delay in awarding a contract to an appropriate provider/s.

Public Health Implications

23. The commissioning of appropriate sexual health and contraceptive services is a prescribed public health function of the Health and Social Care Act 2012. There is a mandated responsibility to provide these services to our population. Delayed or insufficient provision will lead to an increase in sexually transmitted infections and unintended pregnancy which has a negative impact on individuals but also a wider impact on health and social care costs.

Procurement Implications

24. Current service contact is expiring on 31 March 2020, a timescale has been agreed with procurement to have a new contract in place by 01 April 2020. The nature of the service suggests there are a few contracting options available to us. The service will be appropriately commissioned in-line with procurement policy and process.

25. Route to Market - Given the limited market and our aim to secure a single supplier integrated solution and the likelihood that the incumbent will be the only capable and interested supplier, we have carefully considered our approach. We need to ensure our process is defensible and open to the market such that the award does not discriminate. A Prior Information Notice (PIN) will be used and the final route to market will be determined by the outcome of the PIN. Based on information available to the Council at present and other procurements undertaken by neighbouring authority, the likely route to market will be the negotiated procedure without prior publication; but a final decision will be determined by the Director of Public Health in consultation with the cabinet member for public health and public protection. In the event a decision is taken to use the negotiated procedure without prior publication, then a Voluntary Ex Ante Trust (VEAT) notice would be used to advise the market of the award.

26. We will publish a VEAT notice prior to the conclusion of the contract, this means the market would be alerted that a contract has been awarded. Use of the VEAT notice will not mitigate all risk of challenge, but it is a useful tool to mitigating risk and reducing the grounds on which challenges could be made.

Equalities Impact of the Proposal

27. An equalities impact has not been undertaken on this proposal. However, it should be noted that some users of some of this service may fall into certain protected characteristics under the Equality Act 2010 (age, sex, sexual orientation, race). The council will ensure that the newly commissioned provider will meet any duties under the Act. The future service provision will provide free universal access to services and will meets its responsibility regarding equality.

Environmental and Climate Change Considerations

28. Environmental and climate change considerations do not affect the decisions required within this proposal.

Risks that may arise if the proposed decision and related work is not taken

29. Should delegated responsibility not be given, the council runs the risk of a delay in awarding a contract to the preferred provider, which in turn could lead to a delay in service delivery. Should the service not be recommissioned, there will be no

county-wide sexual health and contraceptive service available. Additional risks include:

- Failure to procure a supplier - Early advertising of the opportunity should help establish desire of the market to compete for this contract. A PIN is ready to be published.
- Inflated prices due to lack of competition in market place – Negotiated procedure with the provider to ensure prices are not inflated.
- Procurement not completed on time - The process has already started with the counsel of legal and an agreement in draft
- Other providers in the market who would be interested in bidding for this opportunity (market changed since 2014) - Prolonging the tendering and evaluation process, extended implementation.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

30. If awarded via a negotiated procedure and only one supplier responds to the PIN to whom we seek to award a contract there could be a challenge from other organisations when the VEAT is issued, so we would need to keep a robust evidence trail to justify using the negotiated procedure.

31. Responsibly for contract award goes to the named director of public health for Wiltshire. Should there not be a named director at time of award, then contract award responsibility will revert to Cabinet.

Financial Implications

25. The services are funded from the ringfenced public health grant and spend is activity driven.

27. This is a very specialist service and for greater service efficiencies and for an improved patient outcome, it is proposed that a fully integrated service with a single provider is tendered for.

Legal Implications

28. Since 01 April 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CASH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 ("the Regulations") – see appendix 1.

29. The service will be tendered and commissioned in line with the laws that govern the procurement of services.

Workforce Implications

30. All elements of the service being commissioned are currently outsourced and therefore it is not anticipated that there will be any transfer of Wiltshire Council employees. Depending on the outcome of the procurement exercise, there may be a transfer of existing staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006.

Conclusions

31. Under the Health and Social Care Act (2012) Wiltshire Council is mandated to commission of a comprehensive integrated sexual health service. The current contract for the existing service expires on 31 March 2020 and there is now the requirement to commission further service provision as of 01 April 2020. Noting that funding of these services is based on performance so actual cost may vary depending on performance.

32. Cabinet are asked to recognise the requirement to recommission an integrated sexual health and contraceptive service for Wiltshire residents and agree to delegate responsibility for awarding the contract to the new service provider to the Director of Public Health and Cabinet member for public health and public protection to ensure the service is appropriately recommissioned from 01 April 2020.

Tracy Daszkiewicz, Director of Public Health

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Appendices

Appendix 1: Extract from the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013
Appendix 2: Performance scorecard for Salisbury Foundation Trust (June 2018-May 2019) – GUM Provision
Appendix 3: Performance scorecard for Salisbury Foundation Trust (June 2018-May 2019) – CASH Provision
Appendix 4 - Extract of exempt financial information – to be considered in Part II of the agenda

Background Papers

The following documents have been relied on in the preparation of this report: Sexual Health and Blood Borne Virus Strategy Update (2019); Wiltshire Sexual Health and Blood Borne Virus Strategy (2018); Salisbury Foundation Trust Performance data (2018-19); Sexual Health – Health Needs Assessment (2017); and Blood Borne Virus - Health Needs Assessment (2017).

Appendix 1: Extract from the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

Sexual Health Services

(1) Subject to paragraphs (3) and (4), each local authority shall provide, or shall make arrangements to secure the provision of, sexual health services in its area

(a) by exercising the public health functions of the Secretary of State relating to the provision of contraceptive services under paragraph 8 of Schedule 1 to the Act, to the extent that those functions consist in the provision of open access services; and

(b) by exercising the public health functions of local authorities pursuant to section 2B of the Act in the provision of open access services—

(i) for preventing the spread of sexually transmitted infections; [and]

(ii) for treating and caring for persons with such infections; and

(iii) [for notifying sexual partners of persons with such infections.]

(2) In paragraph (1), references to the provision of open access services shall be construed to mean that such services must be universally available for the benefit of all persons present in the local authority's area.

(3) In exercising its functions in relation to the provision of contraceptive services under sub-paragraph (1)(a), each local authority shall ensure that all persons in its area are provided with advice on, and reasonable access to, a broad range of contraceptive substances and appliances.

(4) The duty of the local authority under sub-paragraph (1)(a) does not include a requirement to offer to any person facilities and services relating to procedures for sterilisation or vasectomy, other than the giving of preliminary advice on the availability of those procedures as an appropriate method of contraception for the person concerned.

(5) The duty of the local authority under sub-paragraph (1)(b) does not include a requirement to offer facilities and services for treating or caring for persons infected with Human Immunodeficiency Virus.

Appendix 2 - Performance scorecard for Salisbury Foundation Trust (June 2018-May 2019) – GUM Provision

Service overview

Total New Appointments Seen (New)	2095
Total New Appointments Seen (Rebook)	2660
Total Follow Up Appointments Seen	1459
Total Appointments Seen	6214
Total Appointments DNA'd	643
% Appointments DNA'd	10.3%

Number of service users by age

<14	17
15-24	2094
25-35	2130
36-45	968
46-55	559
>56	446
Total	6197

Number of service users seen by ethnicity

African - Black/Black British	138
Any other ethnic group	17
Asian - Other Background	33
Bangladeshi - Asian/Asian British	9
Black - Other Background	44
Caribbean - Black/Black British	53
Chinese	8
Indian - Asian/Asian British	15
Mixed - Other Background	25
Mixed White & Asian	23
Mixed White & Black African	95
Mixed White & Black Caribbean	31
White - Other Background	243
White British	5409
White Irish	63

Service access in-line with good practice standards

Number of service users accessing service within 48 hours of contacting the service	3750 out of 4746
%age of service users accessing service within 48 hours of contacting the service	79%
Number of service users offered appointment or walk-in, within 48 hours of contacting the service	4730 out of 4746
%age of service users offered appointment or walk-in, within 48 hours of contacting the service	99.6%
Number of booked appointments carried out within 20 minutes of scheduled appointment time	2011 out of 2234
%age of booked appointments carried out within 20 minutes of scheduled appointment time	90%
Number of walk-in appointments carried out within 45 minutes of arrival	2971 out of 3860
%age of walk-in appointments carried out within 45 minutes of arrival	76%

Sexually transmitted infection related attendance to GUM clinic

Number of new service users accessing STI test for first time	1713 out of 2095
Number of new service users accessing STI test who are offered HIV test	2034 out of 2095
%age of new service users accessing STI test who are offered HIV test	97%
Number of 15-24 year olds attending the service	2094
Number of 15-24 year olds chlamydia tested	1671
%age of 15-24 year olds chlamydia tested	79.7%

Contraception related attendance to GUM clinic

Number of service users who are prescribed progestogen only pill (POP)	95
Number of service users who are prescribed combined oral contraceptive pill (COC)	92
Number of LARC fittings - Injectable Contraception	14
Number of LARC fittings - Implant	56
Number of LARC fittings - IUD	34
Number of LARC fittings - IUS	23
Number of service users who are prescribed, or referred for, Emergency Hormonal Contraception Oral	55
Number of young people between 16 and 19 accessing Emergency Hormonal Contraception Oral	13

Number of young people under 16 accessing Emergency Hormonal Contraception Oral	3
Number of service users who are prescribed, or referred for, Emergency Hormonal Contraception IUD	22
Number of young people between 16 and 19 accessing Emergency Hormonal Contraception IUD	1
Number of young people under 16 accessing Emergency Hormonal Contraception IUD	0

Access to contraception via GUM clinic by age

Number of service users who are prescribed any contraceptive, by age	**<14**	**15 - 24**	**25-35**
	removed	1374	132
	36-45	**46-55**	**>56**
	54	9	0
Number of service users who are prescribed LARC, by age	**<14**	**15-24**	**25-35**
	removed	48	50
	36-45	**46-55**	**>56**
	21	6	0

Appendix 3 – Performance scorecard for Salisbury Foundation Trust (June 2018-May 2019) – CASH Provision

Service overview

Total New Appointments Seen (New)	1547
Total New Appointments Seen (First Financial)	1495
Total Follow Up Appointments Seen	1455
Total Appointments Seen	4497
Total Appointments DNA'd	882
%age Appointments DNA'd	8.9%

Number of service users seen by age / gender

<14	24
15-24	1582
25-35	1572
36-45	821
46-55	449
>56	49
Male	211
Female	4286

Number of service users seen by ethnicity

African - Black/Black British	44	Mixed - Other Background	25
Any other ethnic group	11	Mixed White & Asian	11
Asian - Other Background	42	Mixed White & Black African	6
Bangladeshi - Asian/Asian British	6	Mixed White & Black Caribbean	14
Black - Other Background	26	Not Specified	6
Caribbean - Black/Black British	14	White - Other Background	199
Chinese	10	White British	4044
Indian - Asian/Asian British	9	White Irish	24

Service access in-line with good practice standards

Number of booked appointments carried out within 20 minutes of scheduled appointment time	3954 out of 4309
%age of booked appointments carried out within 20 minutes of scheduled appointment time	91.7%
Number of walk-in appointments carried out within 45 minutes of arrival	157 out of 188
%age of walk-in appointments carried out within 45 minutes of arrival	83.5%

Sexually transmitted infection related attendance at CASH service

Number of first time service users accessing STI tests	418 out of 1547
Number of first time STI test service users who are offered HIV test	1385 out of 1547
%age of first time STI test service users who are offered HIV test	89%
Number of 15-24 year olds attending the service	1582
Number of 15-24 year olds Chlamydia tested	635
%age of 15-24 year olds Chlamydia tested	40%

Contraception related attendance at CASH service

Number of service users who are prescribed progestogen only pill (POP)	634
Number of service users who are prescribed combined hormonal contraceptive	644

Number of service users who are prescribed any contraceptive, by age

<14	21
15-24	1358
25-35	1410
36-45	2146
46-55	403
>56	18

Number of service users who are using LARC, by age

<14	9
15-24	740
25-35	685
36-45	434
46-55	662
>56	Withheld due to low number

Attendance for LARC fitting by type

Number of LARC fittings - Injectable Contraception	345
Number of LARC fittings - Implant	779
Number of LARC fittings - IUD	224
Number of LARC fittings - IUS	751
Number of Complex LARC	123
Number of Complex Contraception	39

Attendance for Emergency Contraception (all methods)

Number of service users who are prescribed, or referred for, Emergency Hormonal Contraception Oral	44
Number of young people between 16 and 19 accessing Emergency Hormonal Contraception Oral	10
Number of young people under 16 accessing Emergency Hormonal Contraception Oral	2
Number of service users who are prescribed, or referred for, Emergency Contraception IUD	20
Number of young people between 16 and 19 accessing Emergency Contraception IUD	0
Number of young people under 16 accessing Emergency Contraception IUD	0